

**FORM PRD-1**  
**REQUEST FOR WAIVER OF LIABILITY**

Secretary of State  
Political Reform Division  
  
P.O. Box 1467  
Sacramento, CA 95812-1467  
or  
1500 - 11<sup>th</sup> Street, Room 495  
Sacramento, CA 95814

FILER NAME (Committee/Candidate/Lobbying Entity, etc.)

ADDRESS (No. and Street)

(AREA CODE) TELEPHONE NO.

CITY

STATE

ZIP CODE

PERIOD COVERED ON STATEMENT OR REPORT

FORM NO.

ID NO. (if applicable)

AFTER REVIEWING "GOOD CAUSE" WAIVER RESTRICTIONS, IDENTIFY AND EXPLAIN REASON FOR LATE FILING AND INCLUDE SUPPORTING DOCUMENTATION (Please refer to our "Good Cause" guidelines before submitting your waiver request):

(Continue on reverse side, if needed)

I declare and certify under penalty of perjury that the foregoing information on this request for waiver is true and correct. I hereby request that the liability for failing to file a statement required by the Political Reform Act on time be waived.

EXECUTED ON \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_, \_\_\_\_\_.  
(Month, Day) (City) (State)

\_\_\_\_\_  
(Signature of Filer/Responsible Officer, Treasurer, etc.)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature of Candidate/Officeholder, if applicable)

\_\_\_\_\_  
(Type or Print Name)

AFTER REVIEWING "GOOD CAUSE" WAIVER RESTRICTIONS, IDENTIFY AND EXPLAIN REASON FOR LATE FILING AND INCLUDE RELATED DOCUMENTATION (Continued):

**PRD OFFICE USE ONLY**

**FORM INFORMATION**

Period Covered

Form No.

Date(s) Due

Date Filed

E =

P =

Liability

E = \$

P = \$

**WAIVER ACTION**

E

P

Action Justification/Comment: (circle one)

F1

F2

F3

F4

S1

S2

Waived

\_\_\_\_\_

\_\_\_\_\_

Reduced/  
Amt. Fined

\_\_\_\_\_

\_\_\_\_\_

Waiver  
Denied

\_\_\_\_\_

\_\_\_\_\_